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Amend E



GNVPN.019B1USA

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

) Group Art Unit: 1632

James M. Wilson et al

) Examiner: Ram Shukla

Appln No: 09/757,673

Filed: January 10, 2001

For: METHOD FOR RECOMBINANT  
ADENO-ASSOCIATED VIRUS-  
DIRECTED GENE THERAPY

) October 30, 2001

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Box Non-Fee Amendment  
Commissioner for Patents  
Washington, DC 20231

AMENDMENT

Sir:

This paper is filed in timely response to the Office Action dated July 30, 2002. Kindly amend the application as follows.

In the Claims

Amend claims 12, 18, 23 and 24 as follows.



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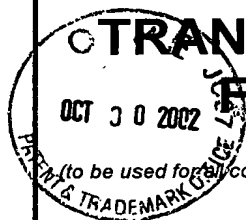
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<b>TRANSMITTAL FORM</b> (to be used for correspondence after initial filing)	Application Number	09/757,673	
	Filing Date	January 10, 2001	
	First Named Inventor	James M. Wilson et al	
	Group Art Unit	1632	
	Examiner Name	Ram Shukla	
Total Number of Pages in this Submission	14	Attorney Docket Number	GNVPN.019B1USA

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  1 pp.- Appendix A-Marked up Version of Amended Claims. 3 pp.-Appendix B-Clean copy of Pending Claims.
Remarks:		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	HOWSON AND HOWSON Cathy A. Kodroff
Signature	<i>Cathy A. Kodroff</i>
Date	October 30, 2002

**CERTIFICATE OF MAILING**

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